

Kentucky Women's Cancer Screening Program

Approved CPT Codes

Eff. 07/01/2008

Rev. 07/01/2010

CPT Codes	Service Description	Cost Ctr- Minor Obj
00400 †	anesthesiology, breast follow up (base rate per unit cost)	813-205
00940 †	anesthesiology, cervical follow up (base rate per unit cost)	813-205
10021	fine needle aspiration without image	813-304
10022	fine needle aspiration with image	813-304
19000	cyst aspiration (puncture)	813-304
19001	cyst aspiration, additional	813-304
19030	injection procedure only for ductogram or galactogram	813-304
19100	breast biopsy, needle core – no imaging guidance	813-304
19101	breast biopsy, incisional, open	813-304
19102	percutaneous, needle core, using imaging guidance	813-304
19103	percutaneous, automated vacuum assisted	813-304
19120	excision of breast tissue	813-304
19125	excision of tissue identified preoperatively	813-304
19126	excision of tissue identified preoperatively, additional	813-304
19290	preoperative placement of needle wire	813-304
19291	preoperative placement of needle wire, additional	813-304
19295	image guided placement	813-304
57452	colposcopy of cervix, upper/adjacent vagina	700-305
57454	colposcopy with biopsy of cervix & endocervical curettage	700-305
57455	colposcopy with biopsy of the cervix	700-305
57456	colposcopy with endocervical curettage	700-305
57460	colposcopy with loop electrode excision of cervix	700-305
57461	colposcopy with loop electrode conization of cervix	813-305
57500	biopsy or excision of lesion, with or without fulguration	813-305
57505	endocervical curettage	813-305
57510	cauterization of cervix	813-305
57511	cryocautery	700-305
57513	laser ablation	813-305
57520	conization of cervix	813-305
57522	loop electrode excision	813-305
58100	endometrial biopsy (only when linked with AGUS result)	700-305
58110 ^e	endometrial biopsy performed in conjunction with colposcopy	700-305
S0613	Clinical Breast Exam	700-110
77052	CAD for use with screening mammogram (use in conjunction with 77057)	813-304/308
77053	ductogram	813-304
77054	ductogram, multiple ducts	813-304
77055	diagnostic mammogram, unilateral	813-304/308
77056	diagnostic mammogram, bilateral	813-304/308
77057	screening mammogram	813-308
G0202 ^d	digital mammography	813-308
G0204 ^d	diagnostic digital mammography, bilateral	813-304/308

Kentucky Women's Cancer Screening Program
Approved CPT Codes

Eff. 07/01/2008
 Rev. 07/01/2010

G0206 ^d	diagnostic digital mammography, unilateral	813-304/308
77031	stereotactic localization for breast biopsy	813-304
77032	preoperative placement of needle wire, interpretation	813-304
76098	radiologic examination, breast surgical specimen	813-304
76645	ultrasound (breast echography)	813-309
	ultrasonic guidance for cyst aspiration (use in conjunction with 19000 or 19001)	813-304
76937	ultrasonic guidance for needle biopsy	813-304
87621 ^a	papillomavirus, human, amplified probe technique (Hybrid Capture II from Digene-HPV Test)	718-305
88104 ^b	cytopathology, fluids, washings or brushings (breast)	718-304
88141	pap smear, requiring interpretation by physician (abnormals only)	718-305
88142	pap smear, thin layer preparation, manual screening	718-305
88143	pap smear, thin layer preparation, manual screening and rescreening	718-305
88164	pap smear, technical component	718-250
88172	evaluation of fine needle aspiration	813-304
88173	interpretation and report of fine needle aspiration	813-304
88174	pap smear, thin layer preparation, automated	718-305
88175	pap smear, thin layer preparation, automated & manual	718-305
88305	surgical pathology, gross and microscopic examination	813-304/305
88307	surgical pathology, associated with LEEP or breast excision requiring evaluation of margins	813-305
88331	pathology consultation during surgery, first tissue block, with frozen section(s), single specimen	813-305
88332	pathology consultation during surgery, each additional tissue block with frozen section(s)	813-305
99201 ^c	initial-brief evaluation/management	700-201
99202	initial-expanded evaluation/management	700-201
99203 ^c	initial-detailed evaluation/management	700-201
99204 ^c	initial-comprehensive evaluation/management	700-201
99205 ^c	complex-evaluation/management	700-201
99211 ^c	subsequent-brief evaluation/management	700-201
99212 ^c	subsequent-limited evaluation/management	700-201
99213 ^c	subsequent-expanded evaluation/management	700-201
99214 ^c	subsequent-detailed evaluation/management	700-201
99215 ^c	subsequent-comprehensive evaluation/management	700-201
99385 ^c	initial preventative medicine evaluation 21 - 39 yrs	700-201
99386 ^c	initial preventative medicine evaluation 40 - 64 yrs	700-201
99387 ^c	initial preventative medicine evaluation 65 and older	700-201
99395 ^c	periodic preventative medicine evaluation 21 - 39 yrs	700-201
99396 ^c	periodic preventative medicine evaluation 40 - 64 yrs	700-201
99397 ^c	periodic preventative medicine evaluation 65 and older	700-201
W9201	initial-brief evaluation/management	700
W9202	initial-expanded evaluation/management	700
W9203	initial-detailed evaluation/management	700
W9204	initial-comprehensive evaluation/management	700
W9205	complex-evaluation/management	700

Kentucky Women's Cancer Screening Program
Approved CPT Codes

Eff. 07/01/2008
 Rev. 07/01/2010

W9211	subsequent-brief evaluation/management	700
W9212	subsequent-limited evaluation/management	700
W9213	subsequent-expanded evaluation/management	700
W9214	subsequent-detailed evaluation/management	700
W9215	subsequent-comprehensive evaluation/management	700
W9385	initial preventative medicine evaluation 21 - 39 yrs	700
W9386	initial preventative medicine evaluation 40 – 64 yrs	700
W9387	initial preventative medicine evaluation 65 and older	700
W9395	periodic preventative medicine evaluation 21 - 39 yrs	700
W9396	periodic preventative medicine evaluation 40 - 64 yrs	700
W9397	periodic preventative medicine evaluation 65 and older	700
W0166	charge for use of hospital room (outpatient)	813-311
99241	office consultation (minimal level) outside provider	813-201/202
99242	office consultation (low level) outside provider	813-201/202
99243	office consultation (low-moderate level) outside prov.	813-201/202
99244	office consultation (moderate level) outside provider	813-201/202

† Maximum 4 units up to 1 hour

*** Covered by State Funds only**

a The HPV DNA testing CPT code, 87621, is a reimbursable procedure if used in the following cases for women 30 years and older: 1a) Follow-up of an ASC-US result from the screening exam; 1b) Surveillance at one year following an LSIL Pap test and no CIN 2, 3 on colposcopy-directed biopsy; and 2) In the initial workup of women 35 years and older or at risk for endometrial neoplasia with ATYPICAL GLANDULAR CELLS OF UNDETERMINED SIGNIFICANCE (AGC) (except atypical endometrial cells), a colposcopy, HPV DNA Test and Endometrial Sampling shall be performed.

b Effective October 1, 2001, this pathology code is not to be used on routine breast cysts (clear fluid/disappears on ultrasound). Only to be used for cases with bloody/abnormal fluid or cysts that does not disappear on ultrasound.

c When this evaluation/management or preventative service is performed in-house by a Registered Nurse, code W920- should be billed instead of 9920- for a new patient and code W921- instead of 9921- for established patients.

d Digital mammography is approved at the conventional film rate per CDC 10/6/05.

e Use code 58110 in conjunction with 57452, 57454-57456, and 57460-57461. List code separately in addition to code for primary procedure.